



Department of Mental Health Strategic Plan

Planning Period: 2011 - 2015

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Department Overview

As the State Mental Health Authority, the Department of Mental Health (DMH) is responsible for overseeing Vermont's mental-health system. DMH designates and contracts with a network of ten private not-for-profit Designated Agency (DA) community providers for the provision of mental health services to children and adults that are timely, clinically effective, and cost-efficient. DMH also contracts with one statewide, private-not-for-profit Specialized Services Agency (SSA) for mental health services for children (Northeastern Family Institute).

DAs are located throughout the state and are responsible for serving a specific "catchment area" consisting of one to three counties (see below). DAs employ nearly two thousand full time equivalent staff and serve over 26,000 Vermonters annually. DAs are required to serve adults with severe and persistent mental illness (SPMI) and children with serious emotional disturbances (SED). DMH funds also support other DA adult and children's mental health programs and emergency services.

DMH also designates five not-for-profit community hospitals to provide involuntary psychiatric inpatient care to adults. Brattleboro Retreat is the only designated hospital that also serves children.

DMH is also responsible for operating the Vermont State Hospital for Vermonters whose mental-health needs cannot be met by local designated hospitals. It is Vermont's most intensive and restrictive psychiatric inpatient program.

DMH's budget is \$152.5 million, of which the community services portion of \$123 million is almost entirely matched to Medicaid through Vermont's Global Commitment to Health Waiver.

Department Strategic Planning Process

This document provides an overview of the Department of Mental Health's (DMH) vision for the future of mental health services in Vermont over the next five years and establishes key priority goals and objectives to be completed in the next 12 months to support that vision. This plan is not meant to be static; the goals and objectives in this document will continue to be updated and modified based on the changing landscape of mental health, input we receive from stakeholders as we implement our action steps, and specific data that we collect to evaluate the effectiveness of our implementation. Information about this strategic plan and the progress of implementation will be available on DMH's website at www.mentalhealth.vermont.gov.

Sources of Input and Information

In preparation for the creation of this strategic plan, the Department of Mental Health has been working with local, state and federal stakeholders to identify:

- Unmet needs for Vermonters with mental health needs;
- Strengths and areas of improvement for our current mental health system;
- Opportunities to expand and improve mental health services in Vermont;
- Current and future threats that may impair our ability to support individuals and families with mental health needs;
- Innovative and evidence-based approaches and models to providing and supporting mental health services.

Input and information have come from a variety of sources:

- Local and state standing committees;
- Mental Health Transformation Council;
- Designated Agency (DA) Executive Directors and Program Directors for DA Outpatient, Children's, Emergency, and Community Rehabilitation and Treatment Programs;
- Local and State System of Care Plans;
- Other Agency of Human Services Departments;
- State Legislation (e.g. Act 15 – An act creating the Department of Mental Health, Health care reform legislation);
- Federal Legislation (e.g. the Affordable Care Act);
- Federal Directives and Planning Documents (e.g. SAMHSA's new strategic priorities, new Mental Health Block Grant requirements);
- Public input via the DMH Strategic Planning Website;
- DMH staff.

Guiding Principles

The development and implementation of this strategic plan will be guided by the following principles:

- DMH will include consumers, peers, families, providers, and community and state partners in the planning, development and provision of the activities, services and supports referenced in this plan.
- DMH will collect and use reliable data to demonstrate the achievement of our strategic goals.

- DMH will continue to support mental health care that is:
- - ***Person and family-centered***
 - Focused on ***recovery and resiliency***
 - Supportive of ***individual choice and self-determination***
 - Based on ***evidence*** of improved individual and family ***outcomes***.

The Public Health Model for Mental Health

DMH’s vision for the future of mental health services in Vermont will also incorporate the “Public Health Model” as it applies to mental health. As described in the 2010 monograph *A Public Health Approach to Children's Mental Health: A Conceptual Framework*, there are four key concepts of this model that can be applied to mental health:

Population Focus: Public health thinks about, intervenes with, and measures the health of the entire population and uses public policy as a central tool for intervention.

Promoting and Preventing: In public health, the focus includes preventing problems before they occur by addressing sources of those problems, as well as identifying and promoting conditions that support optimal health.

Determinants of Health: Interventions in public health work by addressing determinants of health. Determinants are factors that contribute to the good and bad health of a population. Malleable factors that are part of the social, economic, physical, or geographical environment can be influenced by policies and programs.
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Process/Action Steps: A public health approach requires implementation of a series of action steps. In most widely recognized health models, these action steps are the three core functions of assessment, policy development, and assurance. Data are gathered to drive decisions about creating or adapting policies that support the health of the population, and efforts are made to make sure those policies are effective and enforced.
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This monograph also lays out four categories of interventions based on the type of action, the timing of the intervention, and the population goal:

	<i>Action</i>	<i>Timing</i>	<i>Population Goal</i>
Promote ...is to intervene...	to <i>optimize</i> positive mental health by addressing determinants of positive mental health	<i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus	with the ultimate goal of improving the positive mental health of the population.
Prevent ...is to intervene...	to <i>reduce</i> mental health problems by addressing determinants of mental health problems	<i>before</i> a specific mental health problem has been identified in the individual, group, or population of focus.	with the ultimate goal of reducing the number of future mental health problems in the population.
Treat ...is to intervene...	to <i>diminish</i> or end the effects of an identified mental health problem	<i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus	with the ultimate goal of approaching as close to a problem-free state as possible in the population of focus.
Re/Claim ...is to intervene...	to <i>optimize</i> positive mental health while taking into consideration an identified mental health problem.	<i>after</i> a specific mental health problem has been identified in the individual, group, or population of focus	with the ultimate goal of improving the positive mental health of the population of focus.

This model will serve as the framework for the Department of Mental Health as it identifies and implements our strategic priorities to improve the mental health of all Vermonters.

Agency Mission (if available)

(Overarching purpose/reason for being. Changes rarely.)

Agency Vision (if available)

(Overarching goal for this strategic planning period, in alignment with Statewide vision.)

Agency Values (if available)

Department Mission

The mission of the Vermont Department of Mental Health is to promote and improve the mental health of Vermonters.

Department Vision, 2015

Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

Department Values, 2015

VALUES

We support and believe in the Agency of Human Services values of respect, integrity, and commitment to excellence and express these as:

Excellence in Customer Service

- People receiving mental-health services and their families should be informed and involved in planning at the individual and the system levels.
- Services must be accessible, of high quality, and reflect state-of-the-art practices.
- A continuum of community-based services is the foundation of our system.

Holistic Approach to Our Clients

- We can promote resilience and recovery through effective prevention, treatment, and support services.

Strengths-Based Relationships

- It is important to foster the strengths of individuals, families, and communities.

Results Orientation

- Strong leadership, active partnerships and innovation are vital strategies to achieve our mission.
- We are accountable for results.

Statutory Environment

By law, the Department of Mental Health is required to:

- ◆ Centralize and establish the general policy and execute the programs and services of the state concerning mental health, and integrate and coordinate those programs and services with the programs and services of other state and private organizations,
- ◆ Coordinate efforts of all agencies and services, government and private, in order to promote and improve the mental health of individuals through outreach, education, and other activities,
- ◆ Operate the Vermont State Hospital and be responsible for patients receiving involuntary treatment at a hospital designated by DMH.

State law specifies that Vermont's publicly-funded community services system for individuals of all ages with mental health disorders be provided through contracts between the Department of Mental Health (DMH) and private, nonprofit community provider agencies. Currently, DMH contracts with 11 such provider agencies, ten of which are known as Designated Agencies (DA s) and one of which is a Specialized Service Agency (SSA). There is only one DA per geographic region. The DA's have, by statute, bottom line responsibility for assuring that a comprehensive range of services is available for the following priority populations within their defined service area: Adults with severe and persistent mental illness (SPMI) and children and adolescents with severe emotional disturbances (SED). The DMH also contracts with one SSA to provide services only for children and adolescents.

Through the passage of Act 15 in 2007, the Department of Mental Health (DMH) now has a broader legislative mandate than it had when it was the Department of Developmental and Mental Health Services before the merger with the Department of Health in 2004. DMH now has responsibility for coordinating mental-health services with services for physical health and substance abuse across both public and private health-care delivery systems in Vermont. This change, along with the passage of Vermont's health care reform bills, has created the need for the Department to develop specific strategic initiatives to achieve mental health, substance abuse, and health care integration and coordination.

Department Priority Goals for 2011 - 2015

Over the next five years, DMH will implement strategies that:

- ☐ Promote mental health and wellness for all Vermonters (Promotion),
- ☐ Protect all Vermonters from the risks for mental disorders (Prevention),
- ☐ Intervene early to treat mental health problems (Early Intervention);
- ☐ Provide support and treatment to achieve recovery and resiliency (Re/claiming Mental Health).

Through the implementation of these goals, DMH will strive to use and increase the availability and quality of person and family-centered, evidence-based interventions focused on achieving specific individual, family, and population-based outcomes.

OBJECTIVES TO BE COMPLETED OVER NEXT 12 MONTHS

To achieve the goals described above, DMH has established the following objectives to be completed over the next 12 months:

- 1) DMH will work with the Vermont Department of Health to establish core mental health promotional messages to be shared in schools and primary care offices by July 2012. (Promotion)
- 2) DMH will develop and disseminate a state-wide Prevention Plan to Support Mental Health by October 2012. (Prevention)
- 3) DMH will restructure the funding mechanisms for school-based mental health clinicians to increase flexibility and increase the use of mental health promotion and prevention (e.g. Positive Behavioral Interventions and Supports) within schools by January 2012. (Promotion, Prevention)
- 4) DMH will establish four demonstration sites to provide peer-based prevention and early intervention services for young adults with or at risk of serious mental illness by February 2012. (Prevention, Early Intervention)

- 5) DMH will continue to support the development and implementation of Integrated Family Services. (Prevention, Early Intervention, Reclaiming Mental Health)
- 6) DMH will ensure that mental health issues are incorporated into the implementation of health care reform and that consumers, family members, advocates and service providers are involved in the planning and implementation. (Prevention, Early Intervention, Reclaiming Mental Health)
- 7) DMH will work with the Blueprint for Health to identify and support screening and focused intervention for people presenting with depression in the primary care offices by the fall of 2013. (Early Intervention)
- 8) DMH will work with the Blueprint for Health to establish core guidelines for the provision of psychiatric consultation for Blueprint primary care practices by August 2012. (Early Intervention)
- 9) DMH will work with the Blueprint for Health to establish a pediatric mental health services model for mental health by July 2012. (Early Intervention)
- 10) DMH will finalize plans to replace the Vermont State Hospital with a state-of-the-art facility and additional community supports by October 2012. (Reclaiming Mental Health)
- 11) DMH will complete state-wide implementation of the evidence-based Attachment, Self-Regulation and Competency (ARC) Framework for treatment of children with complex trauma and their families by October 2012. (Reclaiming Mental Health)
- 12) DMH will support the development of an Evidence Based Practice Cooperative to support the implementation of evidence-based and recovery-oriented practices for adults with severe and persistent mental illness by August of 2012. (Reclaiming Mental Health)
- 13) DMH will partner with AHS to establish shared vision, approach and expectations (e.g. MOU's, policies, protocols, shared workforce development) for coordinated re-entry services for adults with severe functional impairment by the fall 2012. (Reclaiming Mental Health)

DMH Dashboard Indicators: Measures of System Improvement

As part of the strategic planning process, DMH will be working to identify “Dashboard Indicators¹” to measure improvements in the mental health system. DMH has already identified one indicator to show that our system is helping individuals to reclaim mental health (employment rates for clients of Community Rehabilitation and Treatment), and we will be adopting the Integrated Family Services indicators (under development) for children and families in Vermont. Other indicators focused on promotion, prevention and early intervention will also be established.

DMH Objectives and the State of Vermont Priorities for 2011

The DMH Objectives described above have been aligned with the ***State of Vermont Priorities for 2011 (in development)*** and will significantly contribute to the following priorities:

- **The Economy:** Create a brighter economic future for Vermonters by raising incomes, growing jobs and improving job preparedness.
- **Correctional Recidivism:** Implement a sustained interdepartmental approach to reduce recidivism and the overall need for corrections resources.
- **Affordable Health Care:** Support Vermonters in the maintenance of their health through prevention and through affordable quality health care for all in a manner that supports small employers and overall economic growth, and that results in better care.
- **Safe Communities/Strong Schools:** Prioritize our resources to ensure our children’s future in safe, prosperous communities, thereby supporting improvement in the performance and economic sustainability of our schools.

¹ Dashboard Indicators are “like a scorecard- allowing users to review performance and outcomes information (employment, housing, staying out of crisis centers, abstaining from substance abuse, avoiding arrests, etc.) at the statewide level, as well as by region of the state and separately for adults and children.” (<http://directorsblog.health.azdhs.gov/?p=1675>)

Appendix A: Department Statutory Authority/Relevant Rules & Regulations

Appendix B: Action Plans for Each Goal in the Strategic Plan (optional at initial phase – to be completed by March 31, 2012)

Appendix C: Optional Documentation

This may include:

- *Budget information related to each goal and measure*
- *Products of the strategic planning process – a stakeholder map, results of a SWOT analysis, etc.*
- *Other information that will help the strategic plan be useful to all staff in guiding their work*